, .	COMPLA	ANT BY A PRISONER UNDER THE CIVIL PACTURE ACT. 40 YOUR COME.							
2		Name LEWIS REGULAL T							
3	(Last)	(First) (Initial)							
4	Prisoner Nu	mber $P95159$ SES, P							
5	. 🖁	Institutional Address SAN QUENTIN, CA 949(4							
6	H	(PR							
7	,	UNITED STATES DISTRICT COURT SBA							
8	REGINU	NORTHERN DISTRICT OF CALIFORNIA							
9	(Enter the full n	name of plaintiff in this action.) (V) 08 3619							
10		vs. Case No.							
11	CALIFO	RNIA DEPT. (To be provided by the Clerk of Court)							
12	OF CO	OF CORRECTION COMPLAINT UNDER THE CIVIL RIGHTS ACT,							
13		Title 42 U.S.C § 1983							
14	(Enter the full n	ame of the defendant(s) in this action)							
15)							
16	[All question.	s on this complaint form must be answered in order for your action to proceed]							
17	l. Exhau	stion of Administrative Remedies.							
18		You must exhaust your administrative remedies before your claim can go							
19	forwa	rd. The court will dismiss any unexhausted claims.]							
20	A.	Place of present confinement SAN QUENTIN							
21	В.	B. Is there a grievance procedure in this institution?							
22		YEST NO()							
23	C.	Did you present the facts in your complaint for review through the grievance							
24		procedure?							
25	ъ	YES NO()							
26	D.	If your answer is YES, list the appeal number and the date and result of the							
27 28		appeal at each level of review. If you did not pursue a certain level of appeal,							
۷٥		explain why.							
	COMPLAINT	- 1 -							

1		1. Informal appeal THE DEPT. OF CAPPECTION
2		HAS NEGLECTED TO RESPOND TO
3		PLAINTIFF'S 602 APPEALS
4		2. First formal levelNO_RESPONSE
5		
6		
7		3. Second formal level HO RESPONSE
8		
9		
10		4. Third formal level NO RESPONSE
11		
12		
13	E.	Is the last level to which you appealed the highest level of appeal available to
14		you?
15	_	YES () NO()
16	F.	If you did not present your claim for review through the grievance procedure,
17	explain why	XII A
18 19		17/7
20	II. Partie	
21	A.	Write your name and your present address. Do the same for additional plaintiffs,
22	12.	if any.
23	OLENY	LEWIS, 2642 DONEGAL RD
24	COUL	VICE MS 39669.
2.5	REGINAL)	D LEWIS, P95159, SAN QUENTIN, CA 9491A
26	В.	Write the full name of each defendant, his or her official position, and his or her
27		place of employment.
28	CALIF	DEPT OF COPPECTION
	COMPLAINI	-2-

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3						
4						
5	III. Statement of Claim.					
6	State here as briefly as possible the facts of your case. Be sure to describe how each					
7	defendant is involved and to include dates, when possible. Do not give any legal arguments or					
8						
9						
10	W. DENIAL OF EMERGENCY INTERSTATE COMPACT					
11	FOR OLENIA LEWIS'S COLON CANGER FECOVERY.					
12	A tire con					
13	CONTHE DEPT. OF CORRECTION HAS YICLATED					
14	PLAINTIFFIS DUE PROCESS BY HOLDING HIM					
15	IN CUSTODY ON FALSE CHARGES WHILE					
16	AWITING PAROLE RENOCATION HEARINGS,					
17	DISKUPTING PLATINTIFF'S EMPLOYMENTAS					
18	DOINT A DATIMISABE/ REYORDS DENELOPER					
19	AND A MUDIC COMIPUDIER.					
20	DI ALLIHET - DIL TOLET ALLEGO ATTENDED TED					
21	PLTINTIFF UN TOLDE HULLIGHTIUMS, GENEGRATIVES					
22	AN WESTE PROTILE					
23 24	IV. Relief.					
25	Your complaint cannot go forward unless you request specific relief. State briefly exactly					
26	what you want the court to do for you. Make no legal arguments; cite no cases or statutes.					
27	ARTER THE REPT OF CORRECTION TO					
28	DAJ THE DIAILITIES MONIETON COMORISATION					
20	PUT THE POSITION					
	COMPLAINT -3-					

1	IN THE AMOUNT OF APPROXIMATELY
2	9 MILLION DOLLARS (\$9,000,000 (00)
3	OR IN THE AMOUNT THAT THE COURT
4	FINDS APPROPRIATE.
5	I declare under penalty of perjury that the foregoing is true and correct.
6	
7	Signed this 24 day of JULY, 2008
8	
9	Total June
10	(Plaintiff's signature)
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	COMPLAINT - 4 -

STATE OF CALIFORNIA GA-22 (9/92)	I	NMATE RE	DEPARTMENT OF CORRECTIONS					
DATE T	° TRUS	ST OFFICE	E	FROM (LAST NAMI	LEWL	5	CDC NUMBER P95159	
HOUSING	BED NUMBER	WORK ASSIGNMENT				JOB NUM	BER	
17040	1 OP					FROM	ТО	
OTHER ASSIGNMENT (SCH	IOOL, THERAPY, ET	C.)				ASSIGN	MENT HOURS	
						FROM	то	
Clearly state your reason for requesting this interview.								
You will be called in for interview in the near future if the matter cannot be handled by correspondence.								
THEFE	DERAL	dourt	REQU	IRES	FOR 1	YE	to SEND	
THEM	COMP	TETWA	0F 18	te Er	ICLOSA	5	DOZUMENT	
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[MMED	BIZEC	/ '-	THANK	2 400				
INTERVIEWED BY	/	Do NOT write belo	w this line. If mor	e space is required, i	write on back.		DATE	
L Wehn							717-08	
DISPOSITION								
I sent	your ce	et. to y	10 de C	OUNSEN	or on	7-1	17-08	
•	•	•						

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08 JUL 28 PH 12: 45

FICHARD V. WIFKING CLERK, U.S. DISTRICT COURT MORTHERN DISTRICT OF CALIFORNIA

Dr. h

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SAN FRANCISCO, CA 94102

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